

April 24, 2006

The Honorable Judge Leonard Wexler
944 Federal Plaza
Central Islip, NY 11722

Dear Judge Wexler,

Enclosed please find my signed and notarized Application for a Certificate of Relief From Disabilities. I have been advised that I must request your authorization prior to submitting this to the Probation Department. Your cooperation would be greatly appreciated.

Thank you,

A handwritten signature in cursive script, appearing to read "Richard Davis".

Richard Davis



**STATE OF NEW YORK
APPLICATION BY AN ELIGIBLE OFFENDER FOR
A CERTIFICATE OF RELIEF FROM DISABILITIES**

FOR COURT OR BOARD OF PAROLE
Docket, File or other Identifying No.

1. Applicant's Last Name Davis		First Name Richard	Middle Initial D	3. NYSID Number (If known) 51494-053
2. Address (Street and No., City, State, Zip Code) 431 Crest Dr. Northvale NJ 07647				
4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Race Caucasian		6. Height 5 Ft. 8 1/2 In.	7. Date of Birth (Month, Day, Year) 4/4/52
8. Crime or offense for which convicted Marijuana / tax evasion		9. Date of arrest 12/92		10. Date of sentence 7/31/97
11. Court of Sentence (Court, Part, Term, Venue) Hempstead L.I. N.Y.		12. Certificate requested from <input type="checkbox"/> a Court Indicated in No. 11 <input checked="" type="checkbox"/> b State Board of Parole		
		13. If certificate being applied for is intended to replace an existing certificate enter issue date of original certificate Date: <input checked="" type="checkbox"/> Not applicable		

14. Application is hereby made for a grant of a "CERTIFICATE OF RELIEF FROM DISABILITIES" which will:

- ☐ a Relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that the certificate is issued at the time of sentence.
- ☒ b Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.
- ☐ c Relieve the holder of the forfeitures, disabilities or bars to employment hereinafter enumerated _____

5. The applicant agrees to allow an investigation to be made to determine his/her fitness for a certificate of relief from disabilities, pursuant to Art. 23, Correction Law.

Applicant's Signature

Richard Davis

Date

4/25/06

6. State of New York

County of

Bergen

Richard Davis

, being duly sworn, deposes and says that he/she is the applicant named in the within application; that he/she has read the foregoing application and knows the contents thereof; that the same is true to his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believes it to be true.

sworn to before me this **25th** day of **April**

2006

Laura Benvenuto

**LAURA BENVENUTO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 16, 2007**

Court authorizes Probation Department to investigate - So ordered

*** * DENIED**